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<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> Substitute for Form PTO-1360 (For use with Form PTO/SB/06)							Application Number <div style="font-size: 1.2em; font-family: cursive;">09/328296</div>		Filing Date	
							Applicant(s)			
							* May be used for additional claims or amendments			
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT					
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
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Total										
Indep	26		10		18					
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Depend	26		106		128					
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Claims	52		116		146					

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CLAIMS ONLY

Application Number

09/328296

Filing Date

Applicant(s)

8/20/4

11/4/2

\* May be used for additional claims or amendments

CLAIMS	FIRST AMENDMENT		SECOND AMENDMENT		THIRD AMENDMENT		FOURTH AMENDMENT		FIFTH AMENDMENT		SIXTH AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
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Total Indep	18		8									
Total Depend	128		24									
Total Claims	146		32									

  

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